

## V. WASTE RELATED INFORMATION (continued)

3. LIST SUBSTANCES OF GREATEST CONCERN WHICH MAY BE ON THE SITE (place in descending order of hazard).

4. ADDITIONAL COMMENTS OR NARRATIVE DESCRIPTION OF SITUATION KNOWN OR REPORTED TO EXIST AT THE SITE.

In 1984 PCBs were discovered in the evap. pond, sump, and at locations along the drainage pipe. The site was cleaned up between 9/15/85 and 10/15/86.

## VI. HAZARD DESCRIPTION

A. TYPE OF HAZARD	B. POTENTIAL HAZARD (mark 'X')	C. ALLEGED INCIDENT (mark 'X')	D. DATE OF INCIDENT (mo., day, yr.)	E. REMARKS
1. NO HAZARD	X			No hazard observed on inspection
2. HUMAN HEALTH				
3. NON-WORKER INJURY/EXPOSURE				
4. WORKER INJURY				
5. CONTAMINATION OF WATER SUPPLY				
6. CONTAMINATION OF FOOD CHAIN				
7. CONTAMINATION OF GROUND WATER				
8. CONTAMINATION OF SURFACE WATER				
9. DAMAGE TO FLORA/FAUNA				
10. FISH KILL				
11. CONTAMINATION OF AIR				
12. NOTICEABLE ODORS				
13. CONTAMINATION OF SOIL				
14. PROPERTY DAMAGE				
15. FIRE OR EXPLOSION				
16. SPILLS/LEAKING CONTAINERS/ RUNOFF/STANDING LIQUIDS				
17. SEWER, STORM DRAIN PROBLEMS				
18. EROSION PROBLEMS				
19. INADEQUATE SECURITY				
20. INCOMPATIBLE WASTES				
21. MIDNIGHT DUMPING				
22. OTHER (specify):				

VII. PERMIT INFORMATION			
A. INDICATE ALL APPLICABLE PERMITS HELD BY THE SITE.			
<input type="checkbox"/> 1. NPDES PERMIT	<input checked="" type="checkbox"/> 2. SPCC PLAN	<input checked="" type="checkbox"/> 3. STATE PERMIT (specify) <u>TRRC Permit # P002101 for pit.</u>	
<input checked="" type="checkbox"/> 4. AIR PERMITS	<input type="checkbox"/> 5. LOCAL PERMIT	<input type="checkbox"/> 6. RCRA TRANSPORTER	
<input type="checkbox"/> 7. RCRA STORER	<input type="checkbox"/> 8. RCRA TREATER	<input type="checkbox"/> 9. RCRA DISPOSER	
<input type="checkbox"/> 10. OTHER (specify): _____			
B. IN COMPLIANCE?			
<input type="checkbox"/> 1. YES	<input type="checkbox"/> 2. NO	<input type="checkbox"/> 3. UNKNOWN	
4. WITH RESPECT TO (list regulation name & number): _____			
VIII. PAST REGULATORY ACTIONS			
<input type="checkbox"/> A. NONE <input checked="" type="checkbox"/> B. YES (summarize below)			
TSCA was lead organization in the PCB clean up..			
IX. INSPECTION ACTIVITY (past or on-going)			
<input type="checkbox"/> A. NONE <input type="checkbox"/> B. YES (complete items 1, 2, 3, & 4 below)			
1. TYPE OF ACTIVITY	2. DATE OF PAST ACTION (mo., day, & yr.)	3. PERFORMED BY (EPA/State)	4. DESCRIPTION
TWC/TRRC Inspection	1/14/86	State	On-site inspection of plant facility.
X. REMEDIAL ACTIVITY (past or on-going)			
<input type="checkbox"/> A. NONE <input type="checkbox"/> B. YES (complete items 1, 2, 3, & 4 below)			
1. TYPE OF ACTIVITY	2. DATE OF PAST ACTION (mo., day, & yr.)	3. PERFORMED BY (EPA/State)	4. DESCRIPTION
Removal	9/15/85	ANR	PCB contaminated soil removal
NOTE: Based on the information in Sections III through X, fill out the Preliminary Assessment (Section II) information on the first page of this form.			